

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/05/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15C0001051	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 - 8315 E 56TH ST B. WING _____		(X3) DATE SURVEY COMPLETED 01/27/2014
NAME OF PROVIDER OR SUPPLIER INDIANAPOLIS ENDOSCOPY CENTER LLP			STREET ADDRESS, CITY, STATE, ZIP CODE 8315 E 56TH ST STE 100 INDIANAPOLIS, IN 46216		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 000	<p>INITIAL COMMENTS</p> <p>A Life Safety Code Recertification Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 416.44(b).</p> <p>Survey Date: 01/27/14</p> <p>Facility Number: 007886 Provider Number: 15C0001051 AIM Number: 200038910A</p> <p>Surveyor: Mark Caraher, Life Safety Code Specialist,</p> <p>At this Life Safety Code survey, Indianapolis Endoscopy Center LLP was found not in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 416.44(b), Life Safety from Fire and the 2000 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 20, New Ambulatory Health Care Occupancies.</p> <p>The facility located in a one story building was determined to be of Type II (111) construction and was fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 01/31/14.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>	K 000			
K 051	<p>416.44(b)(1) LIFE SAFETY CODE STANDARD</p> <p>A manual fire alarm system, not a pre-signal type,</p>	K 051		2/14/14	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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K 051	<p>Continued From page 1</p> <p>is provided to automatically warn the building occupants. Fire alarm system has initiation notification and control function. The fire alarm system is arranged to automatically transmit an alarm to summon the fire department. 20.3.4.1, 21.3.4.1</p> <p>This STANDARD is not met as evidenced by:</p> <p>1. Based on observation and interview, the facility failed to ensure 1 of 10 smoke detectors in the facility were installed where air flow would not adversely affect its operation. LSC 20.3.4.1 requires ambulatory health care facilities shall be provided with a fire alarm system in accordance with Section 9.6. LSC Section 9.6.1.4 requires fire alarm systems comply with NFPA 72, National Fire Alarm Code. NFPA 72, 2-3.5.1 requires, in spaces served by air handling systems, detectors shall not be located where air flow prevents operation of the detectors. This deficient practice could affect 10 patients, staff and visitors.</p> <p>Findings include:</p> <p>Based on observation with the Executive Director and the Clinical Team Leader during a tour of the facility from 12:00 p.m. to 12:50 p.m. on 01/27/14, the smoke detector installed on the ceiling in the corridor outside the Clean Supplies room was installed eight inches from an air supply vent. Based on interview at the time of observation, the Executive Director and the Clinical Team Leader acknowledged the aforementioned smoke detector was installed on the ceiling less than three feet from an air supply vent.</p> <p>2. Based on record review and interview, the facility failed to ensure 1 of 10 fire alarm box</p>	K 051			

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K 051	Continued From page 2 initiating devices was maintained in accordance with the applicable requirements of NFPA 72, National Fire Alarm Code. LSC 20.3.4.1 requires ambulatory health care facilities shall be provided with a fire alarm system in accordance with Section 9.6. LSC 9.6.1.4 refers to NFPA 72, the National Fire Alarm Code. NFPA 72, 7-3.2 requires testing shall be performed in accordance with the schedules in Chapter 7 or more often if required by the authority having jurisdiction. Table 7-3.2 shall apply. Table 7-3.2 "Testing Frequencies" requires fire alarm box initiating devices to be tested at least annually. This deficient practice affects 10 patients, staff and visitors. Findings include: Based on review of Koorsen Fire & Security "Detection Inspection Report" documentation dated 07/17/13 with the Executive Director and the Clinical Team Leader during record review from 9:30 a.m. to 12:00 p.m. on 01/27/14, the manual fire alarm box initiating device identified as "I/S Telecom Rm" was listed as "Not Tested." No other fire alarm box initiating devices' testing and maintenance records within the most recent twelve month period were available for review. Based on interview at the time of record review, the Executive Director stated access to the Telecom Room is restricted and was not accessible when Koorsen was on site 07/17/13 and acknowledged it has been more than one year since the aforementioned fire alarm box initiating device was tested.	K 051			
K 130	MISCELLANEOUS OTHER LSC DEFICIENCY NOT ON 2786	K 130		2/14/14	

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K 130	<p>Continued From page 3</p> <p>This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure operation of the automatic fire suppression system would cause an alarm signal at the protected premises. LSC 4.6.12.2 states existing life safety features obvious to the public, if not required by the Code, shall either be maintained or removed. NFPA 13, Standard for the Installation of Sprinkler Systems, 1999 Edition, Section 3-10 states waterflow alarm apparatus shall be listed for the service and so constructed and installed that any flow of water from a sprinkler system will result in an audible alarm on the premises. This deficient practice could affect all patients, staff and visitors.</p> <p>Findings include:</p> <p>Based on review of Koorsen Fire & Security "Detection Inspection Report" documentation dated 01/15/14 with the Executive Director and the Clinical Team Leader during record review from 9:30 a.m. to 12:00 p.m. on 01/27/14, the tamper switch for the Alarm Line valve on the sprinkler system dry riser was listed as "Fail" as the result of the most recent quarterly test. The "Comments" section of the aforementioned inspection report stated "does report but comes in as supervisory." Based on interview at the time of record review, the Executive Director stated no other repair or replacement documentation for the alarm line tamper switch was available for review and acknowledged the alarm line tamper switch on the sprinkler system failed the most recent quarterly test.</p>			K 130			